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GENDER IN THE BALANCE: A SUMMARY REPORT

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Gender in the Balance: A Summary Report

A. Introduction

African women labor incessantly to maintain a delicate daily balancing act. This is complicated by the exodus of men from rural areas to cities and towns where they seek wage employment, leaving women as the de facto heads of farm households for most of the year. According to the United Nations Family Planning Agency (UNFPA), between 22 percent of households in Southern Africa and 60 percent of households in Western Africa are headed by women. This affects every aspect of the lives of women in Sub-Saharan Africa, giving an increasingly feminine face to poverty in sub-Saharan Africa.

In ideal circumstances, African women are capable as the head of household. African women typically reinvest household income into food, health care and education, while African men tend to reinvest household income into tobacco, liquor and cash crop technology to which women do not have access or the skill to deploy. But, women as heads of household without equal access to resources compromises their ability to provide for a large family and increases their overall labor burden. African women receive less technical assistance from agricultural extension agents than men. They receive less credit and microfinance assistance even though African women are exclusively responsible for traditional domestic tasks, as well as the production of food crops, including the harvesting, transport, processing, storage, and marketing. African women are also responsible for small animals, and processing and marketing the animal by-products of small and large animals. This work is performed for family consumption and marketing, but women receive little marketing assistance.

This situation is compounded by the residual effects of less than successful structural adjustment programs (SAPs), trade liberalization, misguided land allocation policies, lack of primary health care access, and the AIDS epidemic. These issues are urgent, as famine, drought, violence, and the AIDS virus currently ravage large portions of the African continent, and development, particularly development geared toward women, undergoes a reevaluation and shift in methodology.

The research reviewed to compile this summary of cross-cutting issues affecting women and development in sub-Saharan Africa illuminated a methodological shift in development focusing on women and three main areas of cross-cutting issues that inhibit African women from achieving great success and high quality of life. This summary is divided into three central issue areas of Health, Access to Land and Resources, and Trade Liberalization. Although girls' education is undeniably among the most important components of sustainable development, a thorough discussion of it is beyond the scope of this summary. Girls' education and women's time constraints are not treated separately but are woven through each section as they directly affect and are affected by each. Before a discussion of the three main areas of cross-cutting issues, a discussion of methodology is useful.

B. Shift in WID/GAD Methodology

Development methodology vis a vis women has undergone several distinct metamorphoses in the past 50 years. Development assistance in the 1950s and 1960s placed greater importance on women's reproductive roles and improving their skills in motherhood. In this light, women were seen as passive beneficiaries of development assistance, and development projects were designed to get African women more engaged in productive activities. What the development community failed to realize, at that time, was that women in developing countries were already essential to and involved in the productive sector, but their work was invisible and undocumented.¹ Increasing their "involvement" at times meant primarily increasing their labor burden, placing further constraints on their time.

Economic anthropologist Ester Boserup's research in Africa in the 1970s provided empirical evidence on the level of women's labor contribution to agricultural production in the region, which contributed to the introduction of the Women in Development (WID) approach in the mid-1970s. The WID approach sought to incorporate women into development projects as resources capable of contributing to the economic development of their countries. Although the WID approach raised global awareness about women in developing countries and mobilized women in developing countries around issues important to them, it failed to challenge the existing institutional frameworks that perpetuate gender inequalities. This is primarily due to supporting women through isolated projects focusing solely on women, thus further marginalizing their efforts.

In the 1990s, the focus on gender rather than women evolved out of recognition of the limitations of the WID approach, and academic research illustrating that an analytical framework for development should focus less on women and more on the processes and relations that recreate and reinforce gender inequalities.² The Gender and Development (GAD) approach still places great emphasis on women, but it seeks to incorporate the economic, social, political and cultural attributes and opportunities associated with being male or female into development projects. In short, it seeks to engender development projects and policies from trade liberalization to primary health care.

The GAD approach has fostered an analysis of women's context in their society and the institutions that affect them, but it perpetuates a distorted focus on women through projects that often isolate them. Although useful gender analysis frameworks have been developed as the tools of GAD, framing gender as a technical issue underestimates the role of discriminatory gendered patterns in incentive systems, accountability structures and institutional practices of development organizations.³

Recent research on women and development shows that making the GAD approach more participatory and community based can lead to more effective projects, using methodologies such as Participatory Rural Appraisal (PRA) or Participatory Analyses for Community Assessment (PACA), and collecting sex disaggregated data.⁴ A participatory approach may be

¹ Dejene, Yeshiareg. *Gender Analysis and Plan of Action*. Pg. 7.

² Dejene, Yeshiareg. *Gender Analysis and Plan of Action*. Pg. 8.

³ Akerkar, Supriya. *Gender and Participation*. Pg.3.

⁴ Akerkar, Supriya. *Gender and Participation*. Pg.5.

more time consuming, because it necessitates a development of basic trust and friendship with the facilitator or extension agent, but it can lead to more localized background information useful in designing targeted projects.

An understanding of the shift in development methodology vis a vis women is useful to a discussion of cross-cutting issues because it clarifies areas of grave inequality and provides a method to address the issues.

C. Cross-Cutting Issues

C1. Health

The depth and breadth of the topics concerning the health crises in Africa is myriad. The research reviewed for this summary illustrated two specific issues affecting southern African countries; access to primary health care and the AIDS virus.

The past decade witnessed the primary health revolution in sub-Saharan Africa, riding on a wave of largely community based child survival programs which rely on growth monitoring, oral rehydration therapy, breastfeeding encouragement, improved weaning practices and immunization campaigns. These programs have gained partial acceptance due to the realization that state-financed hospital based care is too expensive, reaches too few people and places little emphasis on preventative health care.⁵ However, the success of community based primary health care has not achieved the highest goals of their benefactors. This is due in part to project design. Although community based primary health care services are designed for women and children, the design often does not take into account the challenging realities of daily life of the African women for whom health projects are designed to reach.

A community based health care program will not achieve its goals if it requires women to fetch more water and firewood to improve household hygiene, prepare more frequent and varied meals to improve nutrition, to spend additional time participating in health and nutrition education classes in addition to taking their children to be weighed and vaccinated, or to take unpaid work as community health agents, assistants or translators. Without taking a woman's work burden and time constraint into consideration, the advertised "benefits" of primary health care may just add more labor to a woman's burdens and thereby further challenge her health and economic prospects.⁶ A woman's ability to earn income makes as great an impact on the health of her family as regular access to primary health care. Even though African women manage a great number of nutrition and health care tasks using local methods and resources, there are often times when it is necessary to purchase a health care service or medicine that can not be traditionally prepared. Therefore, primary health care activities that interfere with women's income earning activities by taking too much time, such as requiring an entire day off, are unacceptable, particularly for women heads of household who are the sole income earners for their family.

⁵ Leslie, Joanne. *Weathering Economic Crises: The Crucial Role of Women in Health*. Pg. 3.

⁶ Leslie, Joanne. *Weathering Economic Crises: The Crucial Role of Women in Health*. Pg. 3.

A more successful approach to community based health care needs to be savvier. For instance, primary health care facilities can bundle their services. Women are more likely to prioritize and choose the most important tasks to be completed in a day, thus more women will choose to vaccinate their children before choosing to have them weighed, and health and education classes are often last in importance. Therefore, when children are brought in for vaccinations they could be weighed, and while the women wait their turn they could receive information. Also the daily and yearly schedule needs to be taken into consideration. Scheduling health care services during the busiest time of the day, offering services only once a day or during the busiest time of the year is not wise. Holidays and festivals may provide opportunities to reach more women. A local community analyses and mapping is useful to determine the optimal times for reaching the most women. If it is not efficient and accessible, women are less likely to participate. Consider the success of the community well and small grain mill, would that health care could be as accessible and efficient.

Primary health care programs should also target men and other caretakers of children, particularly in families headed by women, as other relatives are likely to be caring for children, usually young girls who have been taken out of school. Primary health care education may be the only opportunity for education girls receive if they have been kept home to care for children. African women work 16 to 23 hours more per week than men, then clearly they have time to spare to receive primary health care education. A creatively designed health education program targeting male family members is necessary. This could be very successful among male children and adolescents, particularly those who have child care duties in the home. As the WID approach has proven, projects that cater to women in isolation from their context are not very successful in the long term. It is necessary to incorporate men as well to increase their education and challenge their preconceived beliefs about responsibilities for the health of the family.

Despite inroads made in the delivery of primary health care and other development arenas relevant to women in sub-Saharan Africa, particularly southern Africa, the AIDS epidemic has been a major setback. In combination with economic hardships and impending famine in parts of southern Africa, women are becoming heads of the household at alarming rates. This increases African women's workload relative to a caloric intake that remains the same or most often decreases, thus compromising their health. African women have become involuntary lifetime nurses for relatives with AIDS, further taxing their time and reducing their quality of life and ability to earn income and send their children to school. For women AIDS affects income, girls' education, ability to access resources, food security, as well as family health. This is only one aspect of the loss as a result of AIDS on the national and regional level in sub-Saharan Africa.

The problem of AIDS and the spread of HIV is such an enormous public health problem that it seems impossible to tackle. Research shows that one way to strike at the heart of the virus is HIV/AIDS education campaign targeted at prostitutes. HIV infection in sub-Saharan Africa is inextricably linked to prostitution. Those at risk of acquiring or spreading HIV can be broken down to two groups; the primary risk group and secondary risk group.⁷ The primary risk group consists of prostitutes, their clients, and others who frequently change partners. The secondary risk group consists of individuals who do not actively practice behaviors that put them at risk of infection but are infected by the primary risk group. The secondary risk group is the most

⁷ Lamptey, Peter. *The Handbook for AIDS prevention in Africa*. Pg 144.

difficult to target for behavior change projects, because they are unaware of their risk and therefore would not change a behavior they do not see as risky. The primary risk group is a good candidate for AIDS awareness campaigns and projects aimed at changing behaviors.

AIDS is also a political and social disease. The highest risk group, mainly prostitutes, is on the fringe of society, and it is nearly impossible to mobilize public resources to meet fringe group needs. These high risk groups are politically invisible, outside the legal boundaries of statute laws and traditional majority customs. Therefore, prostitutes remain at high risk, and largely continue risky behaviors. It is behavior that perpetuates the AIDS virus, not profession, race, class, age or geographical location. Therefore, targeting prostitutes for education campaigns that increase condom use can slow the rate of infection even if the women involved remain prostitutes. The secondary risk group will remain at risk as long as infection rates are high among the primary risk group, and unfortunately the secondary risk group is largely comprised of women and children already over burdened by the challenges of daily life. This is not meant to be an overly simplified analysis, rather a discussion of one aspect of tackling the AIDS virus. AIDS affects every aspect of life for women, particularly their ability to access resources and land.

C2. Women's Access to Land and Resources

Poor women in Africa depend on land, water, and forest for subsistence and income. Most lack secure access to and control over these resources. For example, forests may be owned by the government or laws may prohibit fishing or cultivating certain plants. Women's social status limits their access to land, which does not encourage them to invest time in environmentally sound practices on land they do not own. These factors contribute to food insecurity. Men generally plant permanent crops on household land where they have secure or permanent tenure. Women's food crops are relegated to rented, steeply sloped land with erosive soils. "Because tenure is not secure, women have little incentive to invest in soil conservation. In Zimbabwe, researchers found that women are also significantly less likely to plant trees for food, medicine, and fuel wood in areas where future access is uncertain."⁸ Restrictions on women's land rights also restrict their access to other resources, as women are unable to use land as collateral for credit, and they have difficulty adopting new technology and hiring labor when needed. They are also unable to access extension programs and training on innovative land management, these services traditionally cater to men, even though women are the primary food cultivators.

For their families, African women are the guardians of food security. There are three main aspects of food security: food production, economic access to available food and nutritional security. Research shows that small scale diverse agriculture is better for food security. Crises in food security tend to happen on a regional scale. In sub-Saharan Africa food security is compromised by poverty, environmental degradation, population displacement. Climatic changes, concentrated resource ownership and disease. Economic access to available food does not mean the money to buy food as much as it means the access to land to cultivate food. Land access is a major factor in food security. Women produce most of the food a family consumes, and they need access to land to do so.

⁸ Sass, Justine. *Women, Men, and Environmental Change: The Gender Dimensions of Environmental Policies and Programs*, Pg. 18.

In sub-Saharan Africa, the limited debates on women's land access focus on two systems of land tenure: individual and indigenous, or market versus tradition.⁹ As the market is not neutral, poor women are disadvantaged due to their lack of resources, thus they may lose indigenous privileges in the process of privatization. As women lose access to land, food security on the familial level is compromised. Many African countries have experienced changes in their formal and informal land tenure systems as part of a wider process of socio-economic and political changes. Land policy has become increasingly concerned with accommodating the free market, taking the focus off issues such as poverty alleviation and putting it on economic efficiency and investment. In this context the gender analyses of debates over land allocation and access is neglected, even though women's access to land is crucial to food security throughout the region.

In Southern Africa, rural women are the main producers of staple crops and home gardens that provide 90 percent of their families' caloric intake. Women's contribution to secondary crop production adds nutritional value to daily food intake and sustains a family during lean seasons, and when main harvests fail. Their specialized knowledge makes them custodians of agro-biodiversity. The indispensable knowledge African women possess concerning the value and use of genetic resources for food and agriculture is the mainstay of food security. According to the Food and Agriculture Organization (FAO), women in Sub-Saharan Africa cultivate approximately 120 different plants alongside men's cash crops, providing one quarter of daily calories and one half of daily protein intake for a family. Women's knowledge and custodianship of seeds and medicinal plants contributes to healthy crops and families; however this knowledge is compromised by the introduction of seed technology unfriendly to local soil, pharmaceutical companies that patent medicinal products without consent or reimbursement of local women.

Although women are becoming the heads of households at alarming rates they continue to suffer unequal access to land, supplies, information, credit and education, which greatly compromise their ability to provide for a household. When women have access to land, the social divisions of labor isolate women in the unofficial or lower wage categories of agricultural labor. This perpetuates unequal access to land resources. Gender plays a part in natural resource use, and how resources are used. Men play a greater role in the exploitation of natural resources for commercial purposes. Though African women are involved in economic activities; they continue to bear traditional domestic responsibilities as well. Thus, an important indication of access to resources needs to take into account the differences in how women and men spend their time. Large scale migration of men to urban areas seeking commercial employment has increased women's work burdens and small food crops suffer. The lack of male labor can lead to longer cropping on land that should remain fallow for one or two years, leading to land fertility and yield decrease, and soil erosion.¹⁰

Land and resource access is tied to the effects of globalization and trade liberalization policies that seem blind to the impacts of these policies on rural sub-Saharan women.

⁹ Izumi, Kaori. *Liberalization, Gender, and the Land Question in Sub-Saharan Africa*. Pg.12.

¹⁰ Sass, Justine. *Women, Men, and Environmental Change: The Gender Dimensions of Environmental Policies and Programs*, Pg. 18.

C3. Trade Liberalization

The system of rules and agreements that currently govern international trade is based on the view that expanding global trade is beneficial to all countries. This is one aspect of mainstream trade theory, which holds that production specialization according to each nation's comparative advantage leads to more efficient allocation of resources in the world economy and higher levels of growth in all countries. Growth in turn will promote national development and reduce poverty. Despite recognition that trade liberalization creates both winners and losers, there are net gains overall allowing losers to be compensated through trade adjustment assistance.¹¹ Men and women are affected differently by trade policies and performance, due to their different locations and command of resources. Gender-based inequalities impact differently on trade policy outcomes, depending on the type of economy and sector, thus gender analysis of trade policies is essential to the formulation of trade policies that enhance rather than hinder gender equality and human development.

Debates on trade liberalization are occurring at a time when development is undergoing yet another re-conceptualization. Market criteria are being replaced by human well-being of marginalized populations as indicators of development. As development practices are periodically reviewed, researched and revised, trade policies should similarly be reevaluated to look beyond growth and market access, rather to look also at social relations across and within nations that form the context in which trade policies are enacted.¹² This sheds light on a growing contradiction. On the one hand, there is widespread recognition that development is not limited to economic efficiency and growth, and that it includes equality, dignity, human rights and freedom from poverty. On the other hand, there is an international insistence on trade liberalization as the best way to eliminate poverty through improved efficiency and higher growth. In this light poverty is an absolute; however, relative poverty – human poverty defined as the denial of opportunities and choices to live a most basic and tolerable life – is not so absolute.¹³ This is the sort of poverty that characterizes Sub-Saharan Africa.

In most African countries the concept of sustainable livelihoods is outside of international commitments and obligations are related to finance, trade and investment. “African countries do not always realize the extent to which the international community is dictating their livelihoods choices. International commitments and obligations recognize only livelihoods based on capital accumulation and the production for such accumulation of capital.”¹⁴ African economies are characterized by a lack of capital and as a result are not in control of issues.” Policies proposed by international organizations such as the International Monetary Fund (IMF) and the World Trade Organization (WTO) quickly become national law and policy because their enforcement mechanisms are stronger than developing countries.

As a result, the economic planning of African governments tends to address commercialization of agricultural exports and does not address the concept of sustainable development, or the diverse traditional African communal lifestyles and values. This lack of planning has adverse effects on the lives of women. Women are more vulnerable to chronic poverty due to gender

¹¹ Çağatay, Nilüfer. *Trade Gender and Poverty*. Pg. 5.

¹² Çağatay, Nilüfer. *Trade Gender and Poverty*. Pg. 5.

¹³ Çağatay, Nilüfer. *Trade Gender and Poverty*. Pg. 6.

¹⁴ Genta Research Group. *Trade Liberalization: Impacts on African Women*. Section 2.2.

inequalities in the distribution of income, access to credit and property, control over income, and gender bias in labor markets that cluster women in low-wage sectors. For example, in Nigeria oil pipelines are laid above ground and run through villages. This has rendered lands once used for agricultural purposes polluted and useless, reducing the incomes of people who depend on agriculture.

This specifically impacts the lives of women, as women must diversify their income. The women who are allowed to work outside the home do so in unregulated informal sector low-wage employment, for which they are rarely allowed to keep the full income they earn. They travel farther to collect daily necessities such as water and firewood. Female children are often kept home from school to compensate for the increase in the daily workload, thus compromising girls' education. Reinvesting a portion of profits to develop communities where drilling takes place or factories are built is not on the agenda of multinational corporations. This scenario is played out in different incarnations through Sub-Saharan Africa, and as the example shows, it affects every aspect of life for women from health to education.

Another critical aspect of trade liberalization that affects women is the trend in developed countries of obtaining patents on agricultural and food products with claims of historic ownership.¹⁵ For example Italy is advocating strict protectionism on the basis of being the traditional producer of *grappa*, an alcoholic substance made from grape skins used to make wine and as a preservation and cooking ingredient. This meant that grappa and grappa-like spirits produced in South Africa need to be marketed differently and all markets open to the product from South Africa are no longer guaranteed until a massive advertising campaign proves successful in making a renamed South African version of grappa successful. In the meantime a revenue loss is inevitable.

Women are likely to suffer the greatest loss due to their high involvement as low-wage casual labor in grape plantations and wineries in South Africa. "Although the grappa dispute has largely remained a matter between the EU and South Africa, it is obvious that the newly introduced WTO TRIPS agreement has played a critical role in ensuring that the EU has its way in the protectionist stance it has taken in the area of wine and spirits."¹⁶ The wine and spirits industry is quite important in Sub-Saharan Africa, and this case is an example of hardships women face under such circumstances throughout sub-Saharan Africa, as they provide three quarters of casual low wage labor.

Furthermore, trade liberalization in agricultural societies proves disadvantageous for women when compared to the impact on men even when traditional crop production increases.¹⁷ In many Sub-Saharan African countries women are critical to food security as they are typically small farmers or food crop producers (men are clustered in cash crop production). Trade liberalization advantages large and medium producers who have more access to land, credit, technology, marketing skills, and the ability to reach distant markets. When women are employed as labor for large and medium producers, they may make money but are unable to tend the plots that feed their families, thus compromising their nutrition, caloric intake, and increasing a woman's time

¹⁵ Genta Research Group. *Trade Liberalization: Impacts on African Women*. Section 2.3.2

¹⁶ Genta Research Group. *Trade Liberalization: Impacts on African Women*. Section 2.3.2.

¹⁷ Çağatay, Nilüfer. *Trade Gender and Poverty*. Pg.7.

burden and overall workload. As with the aforementioned burdens of health and land access, children are often kept home to maintain the household, compromising their education. Working in the formal sector never exempts a woman from her traditional duties, and she must increase her hours of unpaid household and care labor to make up for the shortfall. Traditional analyses of poverty based on absolute poverty take the household as the unit of analyses, based on the assumption that resources are shared equally within households; however, women do not always have control over their labor, the income they earn or access to their husband or family's resources.

In sub-Saharan African economies, gender-based inequality in control over land, credit and skills constrains the output response and the export capacity of the entire economy. This reduces output, productivity and growth rates, thus hindering export performance in agricultural economies dominated by smallholders.¹⁸ It is unfortunate then that trade liberalization offers incentives to repress women's wages to stay competitive and attract foreign investment, since firms can always find a country where wages are lower. This is not surprising given the lack of African women's voices in national and international trade-policy making institutions.

D. Conclusion

Timing is crucial to balance, and African women simply do not have enough. Any development project aimed at women which does not take time constraints into account, thereby adding more demands on women's time, is doomed to fail. At the very least they will compromise children's (specifically girls') education in the process, since when women can not carry the burden alone they largely rely on the only labor they have control over – their children – to make up for the shortfall. African women will not be able to maintain this balancing act indefinitely. The AIDS epidemic, compromised food security as a result of unequal access to land and resources, and gender blind trade liberalization policies are taxing women's capabilities to make ends meet. Formal and legal rights do not guarantee women secure rights in reality, if such rights are not made socially legitimate and enforceable.

Though the challenges seem insurmountable, it is necessary to continue to develop projects aimed at improving the position of African women. Lessons have been learned from mishaps and mistakes. Annex B provides an overview of suggested research to be undertaken and recommended approaches gleaned from the research reviewed for this summary.

¹⁸ Çağatay, Nilüfer. *Trade Gender and Poverty*. Pg.7.

Analytical Framework

A. Research Questions

Based on the summary provided, several research questions merit further investigation. Suggestions are presented as they were in the section on cross-cutting issues. This is not indicative of the wide range of research necessary in these areas; rather this list highlights a few key areas. The research questions are followed by general recommended approaches to aid further dialogue and provide an impetus for future project design.

A1. Health

- What are ways of correctly assessing and encouraging communities to develop targeted localized health education programs and health care services that incorporate men as well as women in health and nutrition education? What effect will health and nutrition education of men have on the overall nutrition of families, and particularly, of girls?
- When is the most effective timing to offer specific nutritional intervention programs and services to women and children to influence the woman's health, weight of her offspring and in turn the health of the family?
- From the point of view of prostitutes and condom distribution; 1) Can behavior change such as condom use be maintained in an ever changing group of prostitutes, and what level of behavior change is necessary to significantly lower HIV infection rate throughout Sub-Saharan Africa? 2) Is it best to focus scarce monetary resources on alternatives to condoms, improving commercial and subsidized distribution of condoms, or improving treatment of STDs for prostitutes and their clients?
- What are effective ways to design programs to involve prostitutes and their sexual partners in HIV risk reduction education and to maintain risk reduction practices over sustained periods of time?

A2. Women's Access to Land and Resources

- Can prospects for improving food security and sustainable environments in Africa be increased if women have greater influence in decisions about how to manage resources and allocate land?
- How can sub-Saharan African countries develop extension programs and services that reach rural women and men to teach them about innovative land management strategies and the importance of allowing women access to land relative to familial food security.
- What are the ways in which land access and rights among women have been affected by the institutions of the state, market, community family and household, particularly where there are gaps between statutory institutional reforms, informal institution changes and actual practice at the local level?

A3. Trade Liberalization

- What are the specific qualitative and quantitative gender impacts of trade liberalization in sub-Saharan Africa, and what is their overall impact on small food crop producers?
- Why does the association between trade liberalization and an increase in women's share of paid employment not significantly lead to greater empowerment for women, specifically poor and rural women?

B. Recommended Approaches

B1. Health

One unified national AIDS/HIV plan and policy with cross-cutting representation (race, religion, class, language) and targeted local plans aimed at behavior change is paramount. Behavior change is key in all gender programs, most urgently in health sector. It is behavior, not race, class, age, vocation or geographical location that puts an individual at risk of acquiring the AIDS virus. Therefore, even prostitutes and clients of prostitutes who consistently practice safer sex will considerably reduce the risk and rate of infection.¹

Reducing transmission of the AIDS virus requires two essential first steps: 1) A frank understanding of risk groups and their behaviors. For example, although prostitutes in developed countries provide oral sex more frequently to their clients, prostitutes in sub-Saharan Africa provide vaginal intercourse to nearly all clients. This leads to a higher rate of infection 2) Officially supported, flexible, targeted interventions aimed at slowing the rate of infection in the highest risk group of prostitutes and their clients. For example, Elizabeth Ngugi initiated an AIDS education program in Nairobi, Kenya, in 1985, targeting prostitutes in a community based health education program to increase their knowledge of the AIDS virus and condom use. A combination of individual counseling and general community meetings reached over 600 prostitutes, leading to increasing condom use among prostitutes.² In the 17 years since, similar programs have been somewhat successful in Ghana, Cameroon, Mali and Zimbabwe. These programs have successfully trained prostitutes as peer health educators, incorporated non-conventional personnel (such as hotel workers, bar personnel, and taxi drivers), and increased condom use; however, they have also illustrated how little is known about prostitutes, their practices, clients and the best ways to reach them. It remains clear that reaching them is key to slowing infection.

Approaches to basic primary health care services and education are not so different from AIDS/HIV education, and communities need access to both. Primary health care projects and services need to be catered to the local area, with extension agents and training available by staff who know the local culture, language and uses of time to deliver better services that incorporate women, men and other caretakers such as children and other relatives.

¹ Lamptey, Peter. *The Handbook for AIDS prevention in Africa*. Pg 144.

² Lamptey, Peter. *The Handbook for AIDS prevention in Africa*. Pg 154.

B2. Women's Access to Land and Resources

Targeting women farmers yields high returns. An FAO project in Sierra Leone that provided simple hand tools, fertilizer and seeds to 8865 women calculated that 18,000 women benefited indirectly as the women who participated shared their resources and new knowledge with other women in their communities and families. Thus, sex-disaggregated data should be routinely collected for baseline, monitoring and evaluation purposes. This should be combined with gender-aware extension services and training.

Women also need to be represented at the policy making and governmental level. To date, the women's groups who most often receive national attention and voice in policy making are predominantly urban-based educated middle class women who are not representative of the social groups who suffer the most, and these women often discriminate against individuals according to their own political interests. Therefore the issue of land and resource access needs to be addressed locally in a rural setting, and nationally through policymaking. At some point the two venues need to meet, gender dialogue and rural women need to become mainstream agenda items.

B3. Trade Liberalization

From a development perspective trade policies need to evolve and employ a broader perspective that places more importance on non-market aspects as well as market criteria relative to poverty, which is largely feminine. Policies should be evaluated through an assessment of the extent to which they help or hinder the economic, social, and political empowerment of women and other marginalized groups. Globalization is not always good for the poor.

Gender awareness in trade policy formulation requires deeper contextualized understandings of the interactions between gender inequalities, class-based inequalities and poverty, as well as trade policies and trade performance. All institutions dealing with trade policies should strive toward transparency and greater participation of marginalized groups such as women. This is a lofty goal, but one step toward it is a greater monitoring of the local actions of multinational corporations, making their misdeeds public in order to increase pressure upon them to reform, or at least improve their relationships with and the working conditions of local populations.

As with each cross-cutting issue, education and extension services that incorporate men women and children are key to making inroads in any of these areas. Specific local assessment, knowledge and access to local staff that can be trained is necessary. Huge unwieldy programs with high expectations that increase a woman's work burden are doomed to failure or at best, tepid unsustainable results. Small targeted projects with small goals, in short, small steps, is a more prudent way to tackle these issues.

ANNEX B

Bibliography

Akerkar, Supira. *Gender and Participation*. Institute of Development Studies: 2001.

Alexander, Patricia. *Excerpts from Glossary on Macroeconomics from a Gender Perspective*. BRIDGE Report No. 148: 2000.

Appleton, Helen and Ipek Ilkkaracan. *The Technological Capabilities of Women and Girls in Developing Countries*.

Çağatay, Nilüfer. *Trade Gender and Poverty*. UNDP: 2001.

Dejene, Yeshiareg and Patricia Martin. *Gender Analysis and Plan of Action for USAID/RCSA*. First Draft.

Fontana, Marzia. *Modeling the Effects of Trade on Women: The Case of Zambia*. Brighton, England: Institute of Development Studies, 2002.

Genta Research Office. *Trade Liberalization: Impacts on African Women*. Prepared for the International Gender and Trade Network meeting. Cape Town, South Africa: 2001.

Izumi, Kaori. *Liberalization, Gender, and the Land Question in Sub-Saharan Africa*. Pg.9-18, Women, Land, and Agriculture, Caroline Sweetman, ed. Oxfam, Oxford, England: 1999.

Lampthey, Peter and P. Piot. *The Handbook for AIDS Prevention in Africa*. Family Health International: 1990.

Leslie, Joanne, Margaret Lycette and Mayra Buvinic. *Weathering Economic Crises: The Crucial Role of Women in Health*. Presented on behalf of the International Center for Research on Women at the Second Takemi Symposium on International Health, Harvard University, 1986.

Mugo, Micere Githae. *Women and Empowerment in Southern Africa*. SADC Regional Human Development Report: 2000.

Ngugi, Elizabeth. *Reaching the Target Population: Female Prostitutes*. Presented at the World Summit of Ministers of Health on Programs for AIDS Prevention in London, 1988.

Okaware, Samuel. *Planning AIDS Education for the Public in Uganda*. Presented at the World Summit of Ministers of Health on Programs for AIDS Prevention in London, 1988.

Research and Indicators Subcommittee. *Research Gaps Related to Gender Issues and Population, Health, and Nutrition Programs: An Analysis*. Interagency Gender Working Group: 2000.

Sass, Justine. *Women, Men, and Environmental Change: The Gender Dimensions of Environmental Policies and Programs*. Population Reference Bureau: 2002.

Thomas-Slaytor, Barbara and Geneses Sodikoff. *Sustainable Investments: Women's Contributions to Natural Resource Management Projects in Africa*. Development in Practice, Volume 11, No. 1. Carfax Publishing, Great Britain: 2001.

Unknown. *Gender Related Issues and Their Link to Agricultural Development*.